DOCUMENT RESUME

ED 411 654 EC 305 846

AUTHOR	Palsha, Sharon; Wesley, Patricia
TITLE	Inclusion Partners: A Support Training Model. Final Report, September 1, 1993 to June 30, 1997.
INSTITUTION	North Carolina Univ., Chapel Hill. Frank Porter Graham Center.
SPONS AGENCY	Office of Special Education and Rehabilitative Services (ED), Washington, DC.
PUB DATE	1997-06-30
NOTE	44p.; In collaboration with Duncan Munn and Gene Perrotta.
CONTRACT	H024P30051-95
PUB TYPE	Reports - Descriptive (141)
EDRS PRICE	MF01/PC02 Plus Postage.
DESCRIPTORS	Community Colleges; *Consultation Programs; *Curriculum Design; *Day Care Centers; *Disabilities; Early Childhood Education; Early Intervention; Higher Education; *Inclusive Schools; *Inservice Education; Mainstreaming; Models; Paraprofessional Personnel; Training; Young Children
IDENTIFIERS	North Carolina

ABSTRACT

This final report discusses the outcomes of a North Carolina project designed to prepare professionals and paraprofessionals to deliver quality services in inclusive settings to young children with disabilities and their families. The primary component of the project was to develop and implement an on-site, inservice collaborative consultation model in which 40 early childhood professionals were trained as consultants to work with child care staff in their communities to improve the quality of child care environments. Consultants were primarily early intervention outreach specialists and resource and referral agency staff. The second component of the project was to support early childhood community college faculty in their curriculum planning and teaching efforts to prepare students to provide services to children with disabilities and their families. Evaluation data indicate that the on-site consultation model was successful in improving the quality of early childhood environments. By providing on-site follow up related to the participants identified needs, changes were made in program quality that were both measurable and lasting. The community college component of the program was also successful. Contains 2 tables and 12 figures. (Author/CR)

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ED 411 654

Inclusion Partners
A Support Training Model

FINAL REPORT

Sharon Palsha, Ph.D.
Patricia Wesley, M.Ed.
Co-Principal Investigators

In collaboration with
Duncan Munn, M.Ed.
Gene Perrotta, M.Ed.

September 1, 1993 to June 30, 1997

Frank Porter Graham Child Development Center
The University of North Carolina at Chapel Hill

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Inclusion Partners
A Support Training Model

Sharon Palsha, Ph.D.
Patricia Wesley, M.Ed.
Co-Principal Investigators

Frank Porter Graham Child Development Center
CB# 8185
The University of North Carolina at Chapel Hill
Chapel Hill, North Carolina 27599-8185

In collaboration with
Duncan Munn, M.Ed.
Part H Coordinator

Gene Perrotta, M.Ed.
CSPD Coordinator (through 9/25/96)

North Carolina Department of Human Resources
Raleigh, North Carolina

Final Report

September 1, 1993 to June 30, 1997

United States Department of Education
Office of Special Education and Rehabilitative Services
Early Education Program for Children with Disabilities
Grant Number H024P30051-95
Model Inservice Training Projects (CFDA 84.024P)

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Citation

Palsha, S., Wesley, P., & Fenson, C. (1997). Inclusion Partners: A support training model final report. Chapel Hill: The University of North Carolina, Frank Porter Graham Child Development Center.

Design & Layout

Miki Kersgard

Case Studies

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Inclusion Partners
A Support Training Model

Sharon Palsha, Co-Principal Investigator *Patricia Wesley, Co-Principal Investigator*

Abstract

The purpose of the Inclusion Partners: A Support Training Model Project was to develop, demonstrate, evaluate, and disseminate an inservice training model to prepare and support professionals and paraprofessionals to provide quality services in inclusive settings to young children and their families. The project was built on an ecologically based, best-practice approach to training. Developed in collaboration with early childhood state agencies, the project established a model that identified and merged federal, state, and community-level training initiatives for widespread impact in North Carolina.

The project had two major components. The primary component was to develop and implement an on-site collaborative consultation model in which 40 early childhood professionals were trained as consultants to work with child care staff in their communities. The purpose of the consultation was to improve the quality of child care environments for young children with and without disabilities. Consultants were primarily early intervention outreach specialists and resource and referral agency staff. Participating consultees included more than 100 providers in private and public child care centers, preschools, and family child care homes. The second component of the project was to support early childhood community college faculty in their curriculum planning and teaching efforts to prepare students to provide services to children with disabilities and their families.

Evaluation data collected over the 3-year grant period indicate that the on-site consultation model was successful in improving the quality of early childhood environments. By providing on-site follow-up related to consultees' identified needs, changes were made in program quality that were both measurable and lasting. Initial, concluding, and follow-up observation scores were collected at participating sites using one of three internationally recognized environment rating scales (scale used was determined by the type of setting, infant/toddler, early childhood, or family day care home). Across 25 settings, concluding scores showed an increase in all scale domains. The quality of care improved for 282 children. Fifty-four of the children had disabilities. Satisfaction measures collected at the conclusion of consultation services indicated that consultees were highly satisfied with the model.

The community college component of the grant was also successful. The project distributed a *Mainstreaming Young Children* (MYC) curriculum to all early childhood departments in the North Carolina Community College system. Project staff provided support to faculty as they taught the MYC course. Eighteen of the 25 early childhood sites that participated in the on-site model served as practicum placements for early childhood community college students. Project staff also provided training on the environment rating scales to early childhood community college students. Consultants trained in the on-site model served as facilitators at a statewide community college teleconference related to using the environment rating scales to improve quality in child care. The teleconference trained more than 300 participants. Also, Inclusion Partners staff and a committee of early childhood community college faculty were instrumental in having the revised North Carolina Child Care Credential include information related to children with disabilities and their families.

Wide-scale dissemination of the on-site model has occurred across the state of North Carolina. An additional 423 early childhood professionals in the state received training as consultants in the on-site model through state Part H, Part B-619, and Child Care Block Grant funding. Inclusion Partners staff provided training to another 100 providers in scoring and using the environment rating scales for self-assessment. Many consultants have received local or state funding to expand the on-site model in their communities. The model has been shared at several national early childhood conferences. A manual outlining the on-site model was developed and distributed to participating on-site consultants throughout the state.

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Project Overview

Inclusion Partners, a Model Early Intervention and Preschool Training Project, was funded in September 1993 by the United States Department of Education. Located at the Frank Porter Graham Child Development Center at the University of North Carolina at Chapel Hill, the project was charged with the following: to develop, demonstrate, evaluate and disseminate an inservice training model to prepare professionals and paraprofessionals to provide quality services in inclusive settings to young children, birth through five years of age.

The critical need for an effective model to prepare personnel about changing populations and exemplary practices in the early care and education of young children with and without disabilities was evident as the Inclusion Partners Project began. Legislation supported the right of young children with disabilities to receive the specialized services they require within the most natural setting possible. As the efficacy of inclusion became more and more apparent, both professionals and parents began requesting additional inclusive services. In response to this need, programs that traditionally provided segregated services began for the first time to enroll typically developing children. An increasing number of families began requesting regular child care centers, preschools, or family day care homes to enroll their children with disabilities. The need for effective training of child care providers in new knowledge and skills to provide quality inclusive services was paramount. Also, with the rise in inclusive services, a new set of knowledge and skills for early intervention specialists was being recognized. In order to meet the child care staffs' need for new information and skills, the role of the early intervention specialist as a consultant was being advocated. Community college faculty were yet another population that fit into the landscape for the Comprehensive System of Personnel Development planning. These faculty were being asked for the first time to deliver information on serving children with disabilities in order to retrain practicing child care staff or to deliver preservice training to future child care providers.

In response to the training needs stated above, Inclusion Partners: A Support Training Model was characterized by a four-tiered on-site training approach. Training and technical assistance based on specific needs of trainees was provided to: 1) community-based early childhood professionals, 2) child care staff, 3) early childhood community college faculty, and 4) early childhood community college students.

The Inclusion Partners Project demonstrated the benefit of embedding training in the ecology within which professionals and paraprofessionals work. Strategies and activities that reflect an awareness in the variation of both individual and system-level variables were employed to support the change process.

The purpose of this final report is to summarize the activities and accomplishments of the Inclusion Partners Project. First, a listing of the project staff, students, Advisory Board members and community college faculty committee is found. Second, the project's major goals and objectives are outlined. The report also covers in detail the activities, accomplishments and evaluation findings for each of the projects two major components—the on-site consultation model and the community college support. Additional training activities that occurred as a result of the project and departures from the original proposal are discussed. Finally, the project impact, products and dissemination activities are presented.

Inclusion Partners Personnel

Staff

Sharon Palsha, Ph.D. , Co-Principal Investigator and Project Director
Patricia Wesley, M.Ed., Co-Principal Investigator
Carla Fenson, M.Ed. , Project Coordinator
Farley Bernholz, M.Ed., Training Specialist

Students

Brenda Dennis, Early Intervention and Family Support Master's Degree Program
Pamela Easterbrook, School Psychology Doctoral Program
Janey Sturtz, Special Education Doctoral Program

Advisory Board

Gene Perotta, Part H CSPD Coordinator, North Carolina Department of Human Resources
Peggy Ball, Division of Child Development
Judy Gantt, Director, Alamance County Developmental Center
Betty High Rounds, Early Childhood Faculty, Sandhills Community College
Marica Morton, Director, Wilders Grove Child Development Center
Amy Rabb, Director, Child Care Networks (Resource and Referral Agency)
Gayle Underdown, Parent

Community College Early Childhood Faculty Committee

Betty High Rounds, Sandhills Community College
Cheryl Brown Brandon, Durham Technical Community College
Ilene Britt, Durham Technical Community College
Barbara Burton, Central Carolina Community College
Patsy Austin, Central Carolina Community College
Virginia Serina, Central Carolina Community College
Joan Sanoff, Wake Technical Community College
Jo Jackson, Wake Technical Community College
Kathy Grabowski, Community Partnerships, Inc.

Project Goals and Objectives

The major goals and objectives of the Inclusion Partners Project are listed below.

Goal # 1

To increase training opportunities for professionals and paraprofessionals to obtain credit toward credentialing, certification, or degree

Objective

- To coordinate and collaborate with NC's Part H Lead Agency Comprehensive System of Personnel Development (CSPD) coordinator to provide innovative training related to individual needs

Goal # 2

To increase the numbers of child care providers trained in how to serve young children with and without disabilities in inclusive settings

Objectives

- To provide follow-up and support to early intervention outreach specialists and resource and referral agency staff as they use the on-site consultation model to train at least 120 child care providers in 24 child care programs across the state
- To provide training and on-site technical assistance to early childhood faculty in at least seven community colleges across the state as they incorporate the *Mainstreaming Young Children* curriculum and other materials pertaining to young children with disabilities and their families in their early childhood tracks

Goal # 3

To increase the numbers of early interventionists who provide program-level technical assistance to support early childhood inclusion

Objective

- To develop the skills of at least 16 early intervention outreach specialists and/or resource and referral agency staff in implementing the on-site model of technical assistance to support inclusion of young children with disabilities in regular child care programs

Goal # 4

To increase the numbers of quality, integrated community child care programs to serve young children with disabilities and their families

Objective

- To identify (along with early intervention outreach specialists, resource and referral agency staff, and parents) 24 community child care programs to participate in the on-site technical assistance process

Goal # 5

To evaluate the effectiveness of proposed inservice training model

Objectives

- To evaluate the effectiveness of the on-site model across the following areas: environment, attitude, satisfaction and longevity
- To collect information on numbers of individuals trained and number of children served

Goal # 6

To develop and disseminate written training materials for other trainers and consultants involved in preparing professionals and paraprofessionals to work in inclusive early childhood settings

Objectives

- To develop and disseminate information and written training materials nationwide related to the on-site model of consultation utilized by the project
- To disseminate *Mainstreaming Young Children: A Training Series for Child Care Providers* nationwide

On-site Consultation Model Training and Support

On-site Model Description

Inclusion Partners: A Support Training Model was proposed to be responsive to the training needs of both professionals and paraprofessionals serving young children with and without disabilities. Through collaboration with key individuals representing North Carolina's Part H lead agency and Inclusion Partners Co-principal Investigators, a comprehensive inservice education model was designed in which early childhood professionals and child care providers work together to improve quality in child care settings.

Consistent with principles of adult learning theory and systems change, the training provided opportunities for intensive interactive participation, extended field application, and follow-up to training. The model stressed establishing sound early childhood practices as a foundation for inclusion.

Participants

Consultant trainees included to the greatest extent early interventionists working with North Carolina's Part H lead agency and resource and referral agency staff. Other professionals trained as consultants included the directors of child care centers, United Cerebral Palsy and other developmental day centers, and the Department of Public Instruction preschool handicapped programs.

Consultant Training

Each September of the grant funding period (1993–1995) the project staff conducted an intensive 2-day overnight training. Community-based early childhood professionals who had established relationships with staff in child care centers were selected to attend training each year based on their interest in collaborative consultation and their ability to implement the model in their community jobs. During the training, information was presented on the changing role of the early childhood special educator and the emergence and relevance of collaborative consultation as one method of working effectively with child care providers. Effective consultation and training techniques, such as group facilitation and communication skills were discussed. Consultants learned to administer and score one of three internationally recognized environment rating scales (*Infant/Toddler Environment Rating Scale, Early Childhood Environment Rating Scale, or Family Day Care Rating Scale*, determined by the site selection). These scales examine quality in child care environments including the physical space, materials and activities, child-adult interactions, program structure, and adult needs. The selection of the environment as the focus of interest was based on the work of many researchers who have pointed to the careful study and manipulation of the environment as an effective way to influence child behavior and learning. The scales were administered as the beginning point of the consultation and used to guide the technical assistance process. A summary of all federally funded training to date, including a count of participants by job function can be found in Table 1.

Table 1. **On-site Consultation Training**— September 1993–September 1995 (Training provided through federal grant)

	Early Interventionist	Resource and Referral Agency	Developmental Day Center	Child Care Center	Department of Public Instruction	Early Intervention Doctoral Student	Total Number of Trainees
September 1993 Chapel Hill, NC	4	5			3		12
September 1994 Chapel Hill, NC	6	5	2			1	14
September 1995 Chapel Hill, NC	7	3		4			14
Total Number of Participants	17	13	2	4	3	1	40

Child Care Staff On-site Training

Following the 2-day training session, consultants selected a classroom in a center or a family day care home in their community in which to implement the on-site model. In most cases, consultants implemented the model in sites where they already had an established relationship with the staff. Participating day care sites included an array of child care settings — private for-profit centers, private non-profit centers, church affiliated preschools and centers, public school preschools, and both small and large family day care homes. Developmental day centers and United Cerebral Palsy centers involved in reverse mainstreaming also participated in the project.

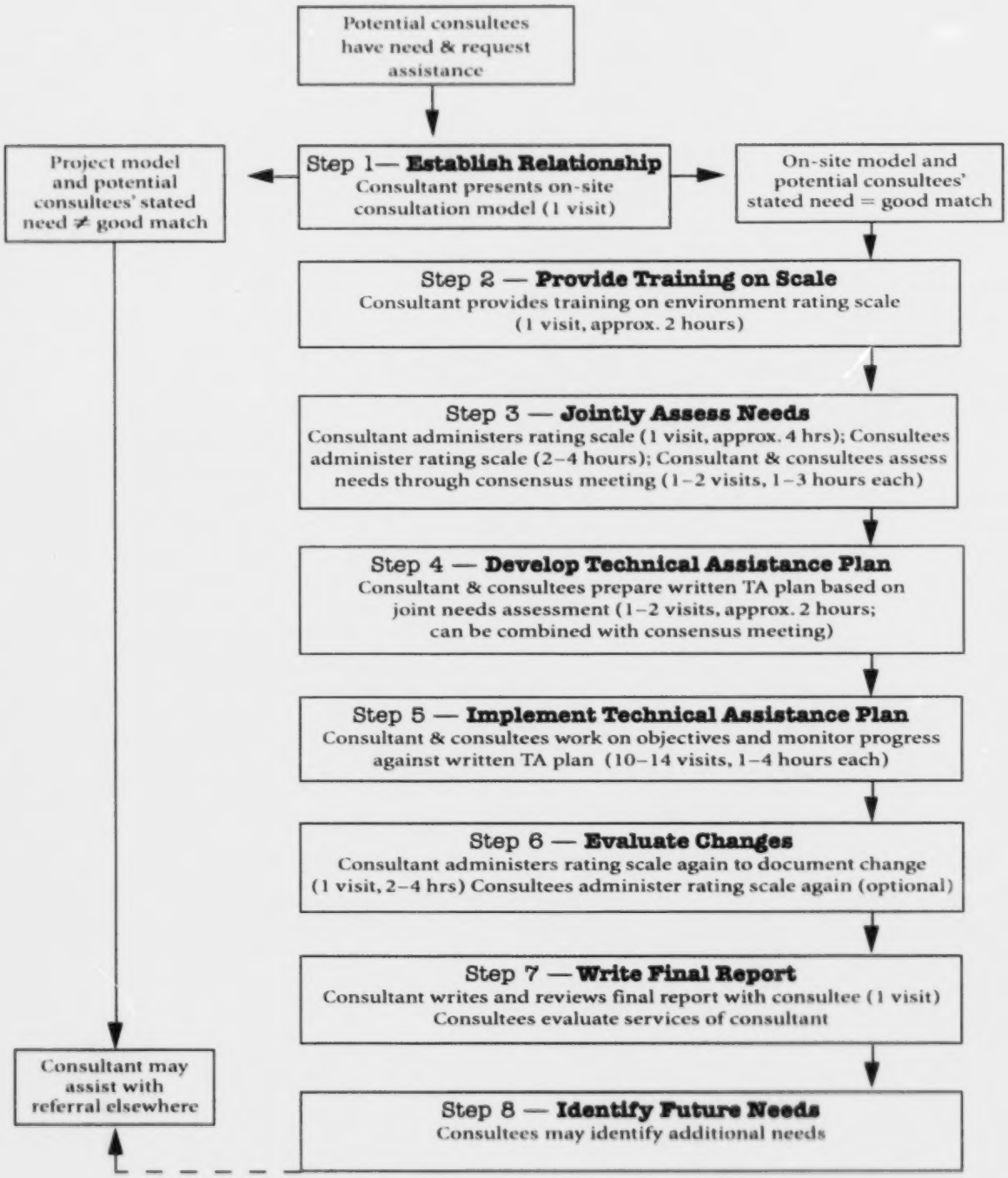
Once a site was selected, the consultants trained the providers in how to administer and score the environment rating scale appropriate for their setting (i.e., infant/toddler, early childhood or family day care). Consultants were encouraged to invite the entire center staff to attend the scale training. Following training, the consultant and providers administered the scale at their site to establish an initial profile of the room. For many providers, this was the first opportunity they had to conduct observations in their classrooms or homes while they were free of child care responsibilities. Assistant teachers, therapists, and directors who were involved with the classrooms or homes also participated in administering the scale. Once the initial observation scores were determined, the consultant and providers met to discuss their scores and to develop together a technical assistance plan for change. The collaborative assessment of needs between the consultant and the consultees reduced the likelihood that child care providers would view the consultant as a "monitor" or "expert". The technical assistance plan specified the objectives for change as well as how, when, and by whom the objectives would be accomplished. Items related to health and safety concerns, and items scoring 3 or lower received priority in the plan. The first area identified for change was often the room arrangement, with careful attention to how the child or children with special needs could be involved in all classroom activities. Addressing room arrangement early in the process allowed child care providers to see positive changes in their environments quickly. The consultants worked on-site in collaboration with the providers over a period of 6 to 12 months. Once the technical assistance goals were accomplished, the consultant administered the environment scale again to document change. The consultant then wrote a final report summarizing the changes that were made. This report was shared with the child care providers at a concluding meeting. At this meeting, consultants and consultees also discussed ideas for further refinements that the consultees could implement independent of the consultant. The service process of the on-site consultation model is summarized in eight steps. These steps are illustrated in the flow chart on the following page. (Figure 1).

The Role of Project Staff

Inclusion Partners staff administered initial and concluding observations with the consultants at their selected sites and shared their scores with them. This helped the consultants feel comfortable with administering the scale and also served as a reliability check. Inclusion Partners staff were available to provide technical assistance to the consultants throughout their implementation of the model. Project staffs' visits to each site allowed them to see some of the unique and varied environments in which the consultants were working and also gave them the opportunity to tailor their technical assistance to meet the needs of each consultant and site. Project staff also had regular phone conversations with each of the consultants and were available to assist with ideas, problem-solving, and questions. Participating sites received up to $200 to purchase supplies and materials to enhance the environment. Project staff assisted consultants and the child care staff with whom the consultants were working in making selections for materials and resources.

Project staff were available to conduct workshops and offer other resources for providers based on training needs identified in the technical assistance plans. In addition to technical assistance and support, project staff conducted follow-up meetings for each group of consultants who were trained on the model. These meetings offered consultants an opportunity to share their own experiences, challenges, and successes with implementing the model.

Figure 1.
Service Process for the On-site Consultation Model


Potential consultees have need & request assistance
Step 1— Establish Relationship
Consultant presents on-site consultation model (1 visit)
Project model and potential consultees' stated need ≠ good match
On-site model and potential consultees' stated need = good match
Step 2 — Provide Training on Scale
Consultant provides training on environment rating scale (1 visit, approx. 2 hours)
Step 3 — Jointly Assess Needs
Consultant administers rating scale (1 visit, approx. 4 hrs); Consultees administer rating scale (2–4 hours); Consultant & consultees assess needs through consensus meeting (1–2 visits, 1–3 hours each)
Step 4 — Develop Technical Assistance Plan
Consultant & consultees prepare written TA plan based on joint needs assessment (1–2 visits, approx. 2 hours; can be combined with consensus meeting)
Step 5 — Implement Technical Assistance Plan
Consultant & consultees work on objectives and monitor progress against written TA plan (10–14 visits, 1–4 hours each)
Step 6 — Evaluate Changes
Consultant administers rating scale again to document change (1 visit, 2–4 hrs) Consultees administer rating scale again (optional)
Step 7 — Write Final Report
Consultant writes and reviews final report with consultee (1 visit)
Consultees evaluate services of consultant
Consultant may assist with referral elsewhere
Step 8 — Identify Future Needs
Consultees may identify additional needs

Training Outcomes

The Inclusion Partners Project trained and provided on-going technical assistance to 40 consultants. Twenty-five consultants (63%) completed the model with a site. The consultants trained a total of 111 child care staff. Consultants who did not implement the model gave various reasons why they were unable to complete the process. The reasons reported were: not enough time allotted to them from their jobs to devote to consultation, a change of employment, or personal crisis in their family or in the family of a provider. In addition, four participating centers closed during the implementation process.

Through their participation in training, consultants received credit toward either North Carolina's Part H Infant Specialist credentialing or the Department of Public Instruction teacher certificate renewal. Day care providers received credit toward North Carolina's annual day care requirements. Participating public school preschool teachers received teacher certificate renewal credit through the Department of Public Instruction.

Consultees' Satisfaction

Consultees' satisfaction with the consultation process was assessed using a Participant Evaluation of Consultation Form. Completed at the end of the consultation, this survey offered child care providers a formal opportunity to rate the consultant's skills, the impact of the training experience on their own skill acquisition and program quality. The questions were rated on a scale of 1 to 5, with 1 indicating dissatisfaction and 5 indicating high satisfaction. As illustrated in Figure 2, child care providers reported a high level of satisfaction with all aspects of the consultation process and the consultants' skills.

The evaluation form also offered consultees an opportunity to share open-ended comments.

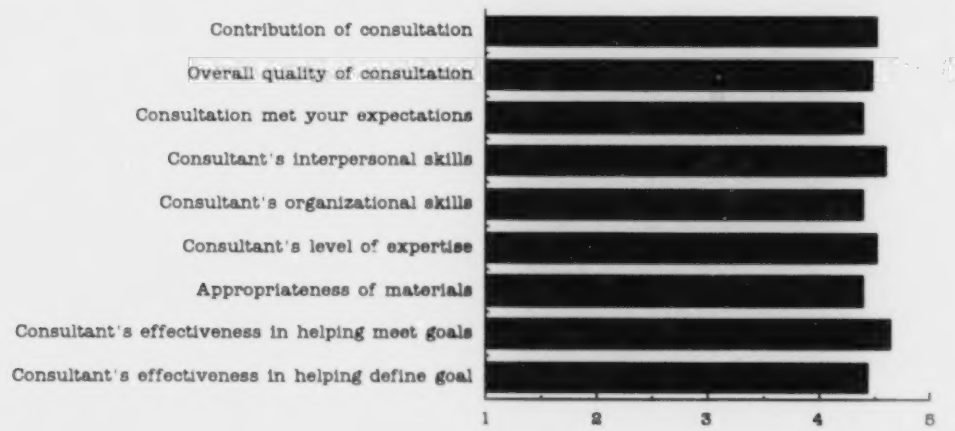


Figure 2.
Consultees' Satisfaction with On-site Consultation
(N=25)

Selected comments made by directors and providers who participated in the on-site model appear on the following page.

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Consultees' Comments

I received lots of good ideas and at the same time I was always confident that I could maintain the choice of final decisions. We made some great changes!

We have already recommended to our school district and several centers outside our community with whom we network that they become involved in the on-site consultation model.

The model really gave us help on how to deal with children and to help set up our centers. I really enjoyed the help in the program for the special needs children. I was informed about all the programs for special needs children that are offered in our community.

The most helpful aspects of the consultation were in classroom arrangement and appropriate materials. Our consultant did a great job. We were glad to have her here.

Our consultant has helped me with new ideas about discipline, room arrangement and new toys. The process has been very helpful in many ways.

I enjoyed the process of reviewing strengths and weaknesses of the classroom environment and then pursuing the appropriate adjustments.

My consultant was very helpful. For the things she didn't know when I first asked, she always came back with an answer. Thank you for including me and my center in this project! It has improved my facility and my skills. Thank you for the support and the change for the better!

The suggestions that were made to include ALL the children were helpful!

Our room arrangement was much improved which solved a lot of problems!

The rating scale and consultant allowed us to see things in the classroom that we missed.

I appreciated the opportunity to go through this model. I enjoyed it, and I learned from it, and I'll always use it in whatever class I may have (toddlers or after-schoolers—it doesn't matter).

The most helpful aspects of the consultation was the reorganization of the classroom to be more conducive to infants. The consultation proved to be extremely helpful.

This was a great experience for us all. The things we learned from the consultation in the one room carried over into the other rooms at our center. The consultant was friendly, very knowledgeable and tactful! We appreciate this opportunity to learn and grow! Thanks!

Evaluation Findings in the Child Care Environments

The three environment rating scales draw on research evidence, professional values and practical knowledge in order to define quality in early childhood environments. In each of the scales quality is rated across approximately 35 items on a 7-point scale, with descriptors for 1 (inadequate), 3 (minimal), 5 (good), and 7 (excellent). Results of the initial, concluding and follow-up environment scale scores in the participating sites indicate that community-based consultants were successful in working with direct service providers to make improvements in early childhood environments. As measured by the rating scales, concluding average scores increased from initial mean scores in all categories, across all settings. In the 25 participating sites, the quality of care improved for 282 children. Of these 282 children, 54 were children with disabilities. A short discussion of findings across settings using the three different scales follows.

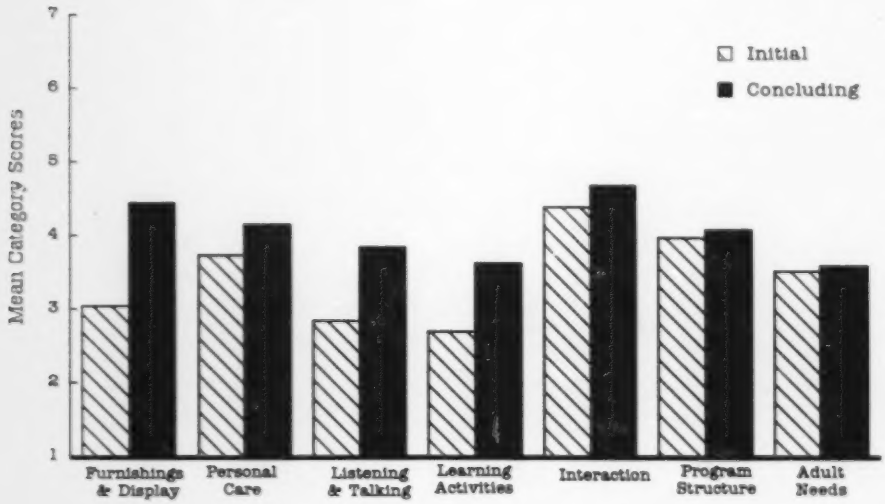
Infant Toddler Environment Rating Scale (ITERS)

Seven Infant-Toddler sites participated in the on-site model of consultation. Project staff completed initial and concluding observation scores for six of the seven sites. Concluding scores across all settings were completed by a project staff member who had no knowledge of a site's initial scale scores. Each site's scores from the seven categories on the ITERS were averaged to produce an overall mean initial and concluding score. In all seven categories, average scores at the concluding observation were higher than the initial observation scores.

A comparison of mean category scores using a paired t-test procedure indicates a statistically significant difference between initial and concluding scores for three of the seven categories. The most significant change occurred in the category, Learning Activities (p=.02), followed by Furnishings and Display for Children (p=.04) and Listening and Talking (p=.04). The category Personal Care Routines approached significance (p=.07). The non-statistically significant categories were Interactions (p=.14), Program Structure (p=.76) and Adult Needs (p=.8).

The three categories that showed significant differences had the lowest initial score averages. At the initial observation all three of these categories were at or below minimal standards (average scores ranged from 2.68 to 3.03). At the concluding observation these categories were close to or above an average score of 4 (average scores ranged from 3.62 to 4.43). Overall initial and concluding category average scores are presented in Figure 3.

Figure 3.
ITERS Initial & Concluding Observation Scores
(N=6)



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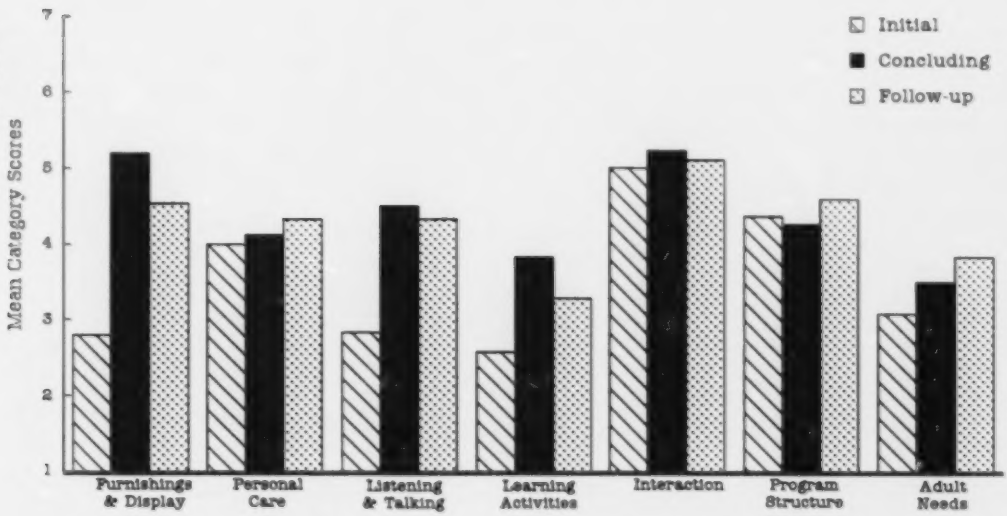
All the items on the scale were summed to produce a total score at the initial and concluding observations. A paired t-test comparison of total scale scores showed a statistically significant difference (p=.004) from initial to concluding observations.

Three of the six infant/toddler sites agreed to have a follow-up observation 6 to 12 months after consultation had ended. A member of the Inclusion Partners project staff completed the follow-up observations. The purpose of these observations was to measure the longevity of changes made and to document if changes continue to occur as a result of the child care staffs' improved knowledge about quality indicators. Each of these site's scores from the seven categories on the ITERS were averaged to produce an overall mean initial, concluding, and follow-up score. In all seven categories mean category scores at the follow-up observations were higher than the initial observation scores. Three of the seven categories showed an increase in score from the concluding to the follow-up observation. For these three sites, comparison of mean category scores using a paired t-test procedure indicates a statistically significant difference between initial and concluding and initial and follow-up scores for two of the seven categories. The most significant change, initial to concluding observation scores and initial to follow-up scores occurred in the category, Furnishings and Display for Children (p=.02), followed by Listening and Talking (p=.03). Total score comparisons showed a statistically significant change from initial to concluding (p=.04) and initial to follow-up (p=.007). Initial, concluding, and follow-up category comparisons for the ITERS sites are depicted in Figure 4.

Figure 4.
ITERS Initial, Concluding & Follow-up Observation Scores
(N=3)



Early Childhood Environment Rating Scale (ECERS)

Fourteen classrooms for children 2 1/2 through 5 years of age participated in the on-site consultation model. Initial and concluding observation scores were completed by project staff for each of these fourteen sites. Scores from the seven categories on the ECERS were averaged to produce an overall mean initial and concluding score. In all seven categories average scores at the concluding observation were higher than the initial observation scores. A comparison of mean category scores using a paired t-test procedure indicates a statistically significant difference between initial and concluding scores for all seven categories. The most significant change occurred in two categories, Furnishings and Display for Children (p=.0001) and Social Development (p=.0001), followed by Fine and Gross Motor (p=.01) Three categories, Personal Care, Language and Reasoning, and Creative Activities were significant at the p=.02 level. The Adult Needs category was significant (p=.04). Overall category scores for ECERS initial and concluding comparisons are represented in Figure 5.

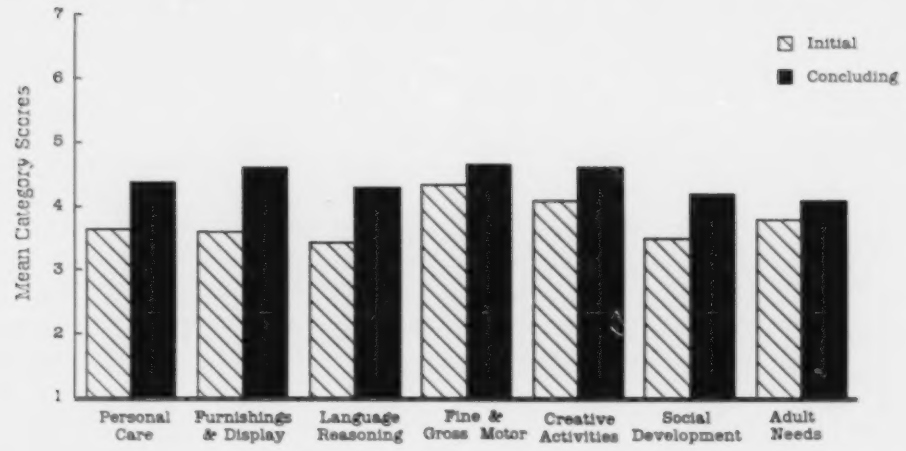


Figure 5.
ECERS Initial & Concluding Observation Scores
(N=14)

All the items on the scale were summed to produce a total score at the initial and concluding observations. A paired t-test comparison of total scale scores showed a statistically significant difference (p=.0001) from initial to concluding observations.

Follow-up observations were conducted in 10 of the 14 early childhood classrooms 6 to 12 months after consultation ended. Results show that changes where sustained over time from initial to follow-up in all categories. A comparison of mean category scores for these 10 sites using a paired t-test procedure indicates a statistically significant difference between initial and concluding scores for six of the seven categories. For these ten sites, all categories, with the exception of Adult Needs were significant from initial to concluding observations (p values ranged from .0001 to .02). Significant changes from initial to follow-up observations occurred in five of the seven categories. The most significant change occurred in Furnishings and Display for Children (p=.0001) followed by Creative Activities (p=.0004), Social Development (p=.01), Personal Care (p=.02), Language and Reasoning (p=.02). The two non-significant categories were Adult Needs (p=.06) and Fine and Gross Motor (p=.13). Initial, concluding, and follow-up comparisons for the ECERS sites are depicted in Figure 6.

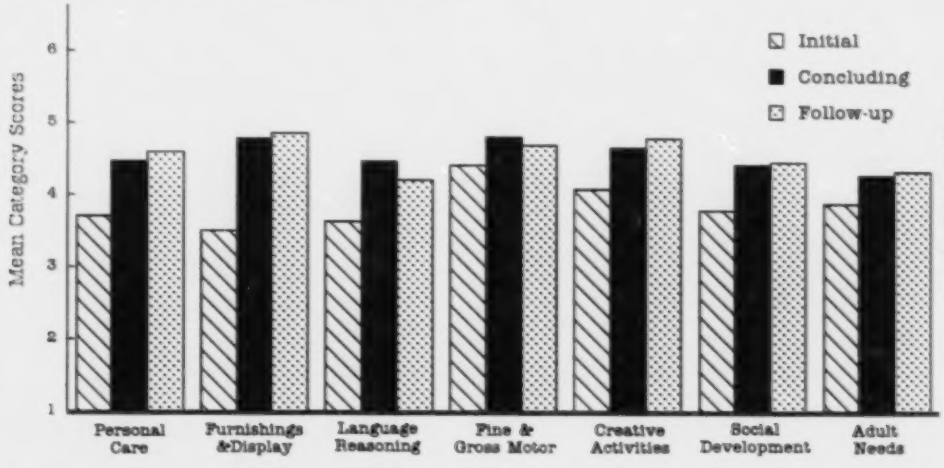


Figure 6.
ECERS Initial, Concluding & Follow-up Observation Scores
(N=10)

All items on the scale were summed to produce a total score at the initial, concluding, and follow-up observations. A paired t-test comparison of total scale scores showed a statistically significant difference (p=.0001) from initial to concluding and from initial to follow-up observations.

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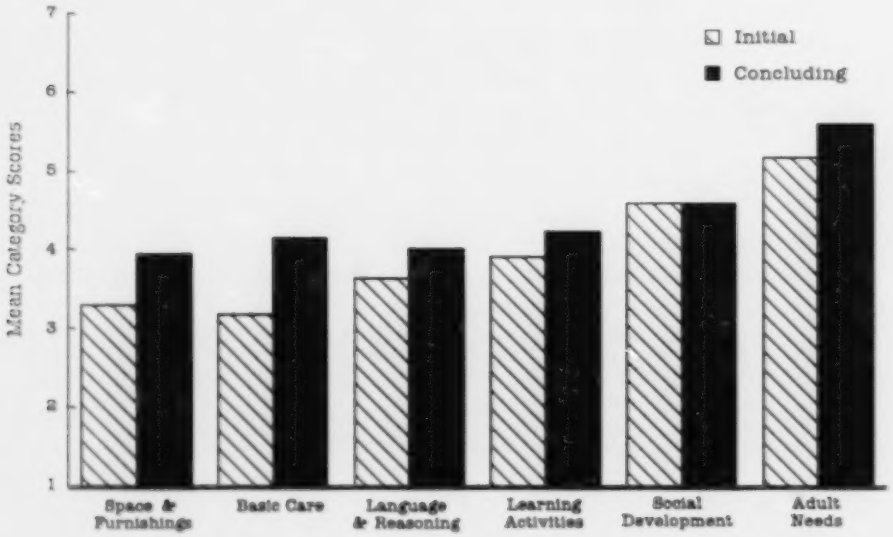
Family Day Care Rating Scale (FDCRS)

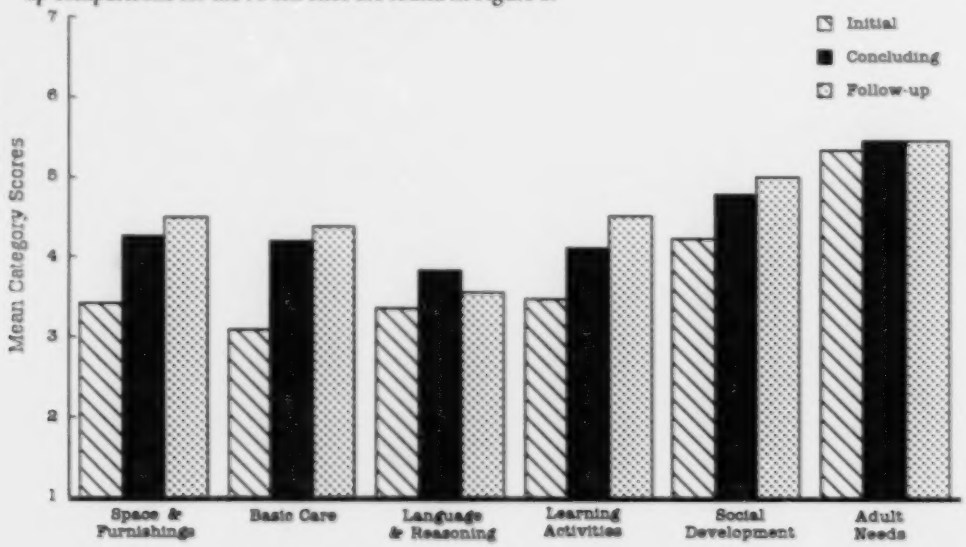
Four family day care homes participated in the on-site consultation model. Project staff completed initial and concluding observation scores for each of these four sites. Each site's scores from the six categories on the FDCRS were averaged to produce an overall mean initial and concluding score. For all six categories, average scores at the concluding observation were higher than the initial observation scores. However, a comparison of mean category scores using a paired t-test procedure found no statistically significant differences between initial and concluding scores. Overall category scores for the FDCRS initial and concluding comparisons are represented in Figure 7.

Figure 7.
FDCRS Initial & Concluding Observation Scores
(N=4)



Three of the four Family Day Care Homes were visited for a follow-up observation 6 to 12 months following consultation. Again, for these three sites average scores at the concluding observation were higher than the initial observation scores for all six categories. One category, Space and Furnishings, was statistically different from initial to follow-up observation ($p=.03$). Initial, concluding, and follow-up comparisons for the FDCRS sites are found in Figure 8.

Figure 8.
FDCRS Initial, Concluding & Follow-up Observation Scores
(N=3)



Case Studies

Quantitative scale score comparisons are one way of evaluating the on-site model. Additional information about changes experienced by consultants, consultees and the children and families they served are documented qualitatively. Some examples of changes that occurred that were not captured in scale scores include: providers seeking additional early childhood training; directors implementing the model in other classrooms in their centers; directors converting their storage area into an adult lounge; consultant and consultee sharing the challenges and benefits of the on-site model at a state conference; and consultants seeking state or local money to continue implementing the model with other centers in their community. To illustrate a broad scope of changes that occurred across settings, three case studies, an ITERS, ECERS, and FDCRS are provided.

Infant/Toddler Environment Rating Scale (ITERS) Case Study

The Infant/Toddler Environment Rating Scale or ITERS is designed to assess the quality of center-based programs for children birth to 30 months of age. The scale contains 35 items organized under seven categories: Furnishings and Display for Children, Personal Care Routines, Listening and Talking, Learning Activities, Interactions, Program Structure and Adult Needs. Quality is rated for all items on a 7-point scale, with descriptors for 1 (inadequate), 3 (minimal), 5 (good), and 7 (excellent).

The site and the participants

The Fairfield Center is located in a small rural town in North Carolina. The center opened in June 1995 and has an A license. The center is open from 7:00 A.M. to 5:30 P.M. and currently has 53 children enrolled. The director and owner of the center, Ms. Fields, provides transportation to and from the center for children whose parents have no transportation of their own. All teachers at the center have a Child Care Credential or are working toward this credential. At the Fairfield Center, there is an infant/toddler classroom and two preschool classrooms. Brenda, the consultant, is an early interventionist who was providing services to a 1 year old child with developmental delays in the infant/toddler classroom when she received the on-site consultation training. Brenda asked Ms. Fields if she would be interested in participating in the model. Brenda had a good working relationship with the staff and felt that the center could benefit from on-site consultation. Ms. Fields and the three teachers in the infant/toddler classroom agreed to participate in the consultation.

The process

Brenda trained the director and the three classroom staff on the ITERS. The initial observations were completed within a month of the training. However, at this point the consultation process progressed more slowly than Brenda had hoped. Circumstances including staff illness and the holiday season interfered with the times she and the staff had scheduled for the consensus and technical assistance meetings. In addition, there were times when Ms. Fields' family circumstances left her unable to give time and attention to the consultation process. Such delays are not uncommon in child care settings. Reminding herself of this reality, Brenda was able to curb her frustration about the amount of time that had elapsed between the classroom observations and development of the technical assistance plan. Brenda persisted and when she and the staff developed their technical assistance plan (about eight weeks after the observations were completed), the process picked up momentum and changes began to happen. Initial observation scores were particularly low in the areas of Learning Activities, Listening and Talking, and Adult Needs. Average scores in these categories were under 3, (minimal). These areas

were identified in the technical assistance plan. Brenda worked with the staff to make changes by assisting the staff with room arrangement and purchasing of materials. Also, Brenda modeled for the staff appropriate interactions, activities and use of materials related to the child with developmental delays.

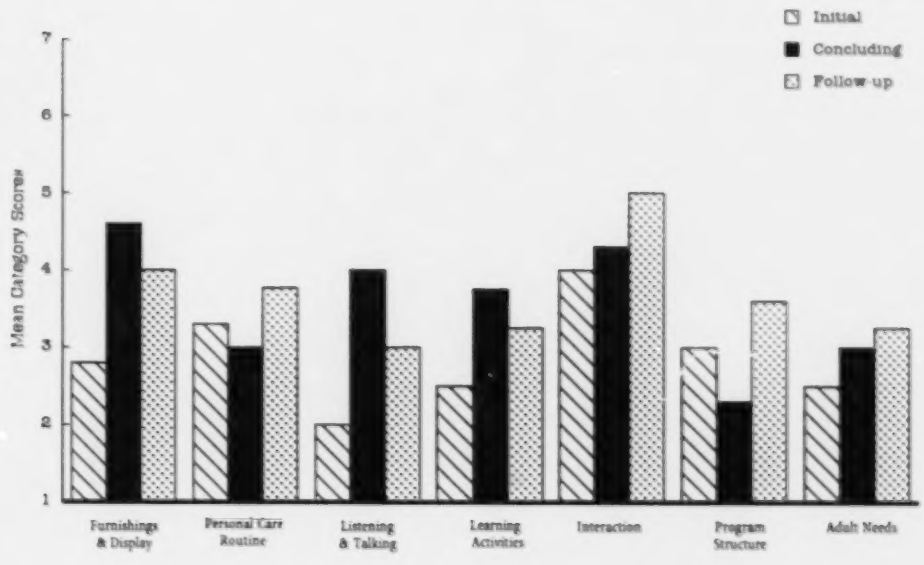
Outcomes

Outcomes for the environment, consultees and consultant are discussed below.

The environment

One of the ways Brenda worked with the staff was to have them evaluate the center space as a whole. There was a larger room in the center that was being used for storage. Brenda proposed that they move the infant/toddler classroom to this larger room. The staff and the director liked that idea and they agreed to move. The room was arranged so that routine care activities and learning activities were separated. Barbara and the staff created several learning centers and purchased toys to enhance the children's learning opportunities. A soft cozy area with many accessible books was added, as was an area for active physical play and an area for quieter play with small building toys and manipulative toys. In addition to the changes in the classroom, changes addressed adult needs. The room that was previously the infant/toddler classroom became, not a space for storage, but a space for adults. The room is now used for staff to eat their lunch, hold meetings and have time away from the responsibilities of the classroom. The space also includes an adult restroom, adult furnishings, and the beginnings of a professional library. This change was particularly noteworthy because Adult Needs is a category that frequently is not seen as a priority and therefore, is not addressed in technical assistance plans. The concluding observation showed improvements in all of the areas addressed on the technical assistance plan. Score averages in the category of Listening and Talking improved by two points bringing the category score average up from below minimal to above minimal standards. Similarly, the categories of Learning Activities and Adult Needs improved to above minimal standards. The graph below shows the initial, concluding, and follow-up environment rating scale scores at the Fairfield Center.

Figure 9.
ITERS Initial & Concluding Observation Scores
(The Fairfield Center)



The consultees

The teachers were excited to see how the children used the new areas in the room and the materials appropriately—they noticed that children played much more cooperatively with each other and there were fewer fights over toys than there were before they began working with Brenda on the classroom changes. The teachers also were excited about having their own adult space in which to meet. There were new professional opportunities available as well. Ms. Fields and Brenda presented together at a workshop on the On-site Consultation Model with Inclusion Partners staff at the North Carolina Association for the Education of Young Children (NC-AEYC) conference. They shared their experiences of the benefits and challenges of the model with child care professionals throughout the state. Their discussion was a highlight of the session, as recorded in the presentation evaluations.

Ms. Fields and Brenda share the challenges & the benefits of the on-site model at a state conference

The consultant

Although this project took almost a year to complete and was frustrating at times, the end result was well worth the effort of all staff, myself, and the children.

—Brenda

Brenda continues to provide services to children with disabilities at the Fairfield Center. She and Ms. Fields are now implementing the model in the 3-year-old classroom. Also, Brenda and Ms. Fields have agreed to present together again at this year's NC-AEYC conference.

Early Childhood Environment Rating Scale (ECERS) Case Study

The Early Childhood Environment Rating Scale or ECERS contains 37 items that provide a comprehensive assessment of center-based programs serving children 2½ through 5 years of age. This scale can also be used when younger children are included in the program, as alternate items for infants and toddlers are included in the scale. Quality is rated for all items on a 7-point scale, with descriptors for 1 (inadequate), 3 (minimal), 5 (good), and 7 (excellent). The items are organized under seven categories: Furnishings and Display for Children, Personal Care Routines, Language-Reasoning Experiences, Fine and Gross Motor Activities, Creative Activities, Social Development and Adult Needs.

The site and participants

The Presbyterian Church Day Care Center is located in a small town in southeastern North Carolina. The center is an AA licensed center and serves children 2–5 years of age. The center has been in operation for 19 years and can enroll up to 80 children. At the time the consultant, Becca, received the on-site consultation training, she was working as the educational director for the local Resource and Referral Agency. Becca knew many of the teachers and the director at The Presbyterian Church Day Care Center because her son was enrolled there. Eleanor, the director of the center, was eager to participate in the on-site consultation and together Eleanor and Becca chose one of the 4-year-old classes to implement the model. The classroom consisted of 18 children, one teacher and one teacher's assistant. The teacher, Beth, had some course work in early childhood and had worked at the center for eight years. The teacher's assistant, Priscilla, had worked at the center for four years and had many years experience working with preschool children.

The process

The entire center staff participated in the training on the ECERS. Within two weeks of the training, the initial observations in the selected 4-year-old classroom were completed by the classroom teacher and assistant, the director, and the consultant. The following week everyone met to compare scores and develop a technical assistance plan. Becca thought the meeting went very well. When there were discrepancies in scores, everyone reviewed the descriptors for the items, talked about how they obtained their scores, and were able to reach consensus. Overall, initial observation scores on the ECERS were relatively good—four out of seven categories on the scale received average scores over 5 (good). Staff identified the areas they wanted to address on the technical assistance plan, using guidelines that were established in the training (i.e., items on the ECERS that received scores of 3 or lower, and areas that staff identified as priorities).

Priscilla, Eleanor & Beth meet to discuss their technical assistance plan

When the consultant returned to the center one week after she and the staff had developed the technical assistance plan, she found that many of the items they identified for change had already been addressed. For example, changing the arrangement of the learning centers in the room to improve visual supervision had been identified as a priority. Within one week, the center staff had rearranged the room. In addition, the director added new electrical outlets in the classroom to increase the flexibility in rearranging the room. Becca noted that this kind of enthusiasm and commitment to providing quality care for young children was evident throughout the consultation process.

Outcomes

Outcomes for the environment, consultees and consultant are discussed below.

The environment

The concluding observation revealed that all areas identified on the technical assistance plan for change had been addressed. In total, five objectives were identified and all of the objectives were completed within two months. These improvements included improved arrangement of furnishings to facilitate opportunities for children to play alone, increased visual supervision of the classroom, more culturally diverse materials and increased opportunities for children to learn about different cultures, and improved supervision on the playground. The graph below depicts the initial, concluding and follow-up environment rating scale scores at the Presbyterian Church Day Care Center.

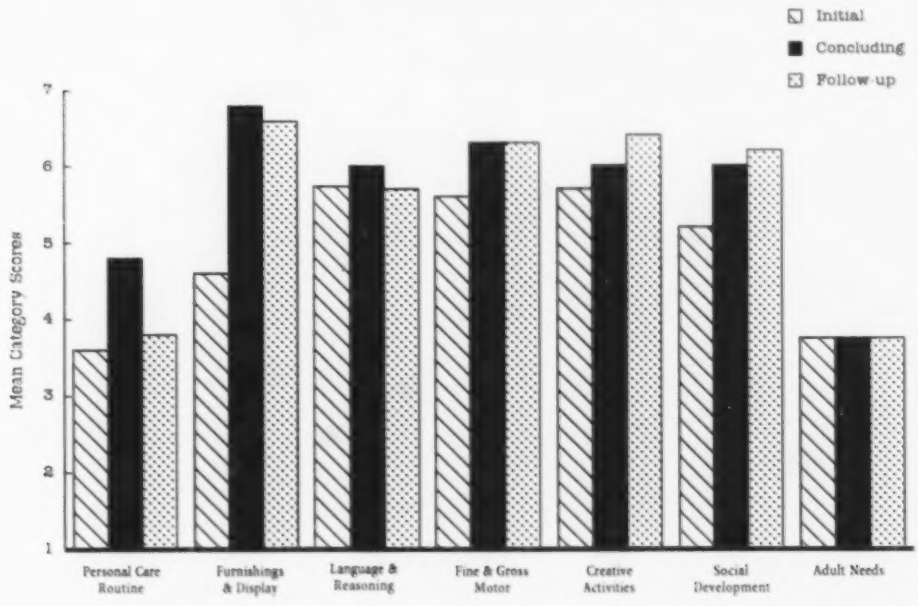


Figure 10.
ECERS Initial, Concluding & Follow-up Observation Scores
(The Presbyterian Church Day Care Center)

The consultees

The staff were all very pleased with the changes that occurred in the classroom. The experience was so positive from the director's perspective that she decided to start the process in the other 4-year-old classroom.

The consultant

Becca was excited about the positive impact the on-site consultation process had at the Presbyterian Church Day Care Center.

> *Implementing the on-site model of consultation was a pleasure. I am really glad that I had the opportunity to experience it. Of all the classes and trainings that I've attended in my four years with this referral agency, learning and implementing the on-site consultation model has more potential to impact the quality of child care in my community than any other training I've experienced.*

This successful experience was the impetus for the local resource and referral agency staff to write a proposal to receive money from Smart Start, a statewide early childhood initiative, to implement the on-site model in other centers in the community. The proposal was accepted and resource and referral staff are now implementing this model in other centers.

Family Day Care Rating Scale (FDCRS) Case Study

The Family Day Care Rating Scale or FDCRS is designed to assess the quality of the home day care environment. The FDCRS consists of 32 items organized under six categories: Space and Furnishings for Care and Learning, Basic Care, Language and Reasoning, Learning Activities, Social Development, and Adult Needs. Eight additional items are included for rating a day care home's provisions for children with special needs. Quality is rated for all items on a 7-point scale, with descriptors for 1 (inadequate), 3 (minimal), 5 (good), and 7 (excellent).

Margaret reads with the children at snack time

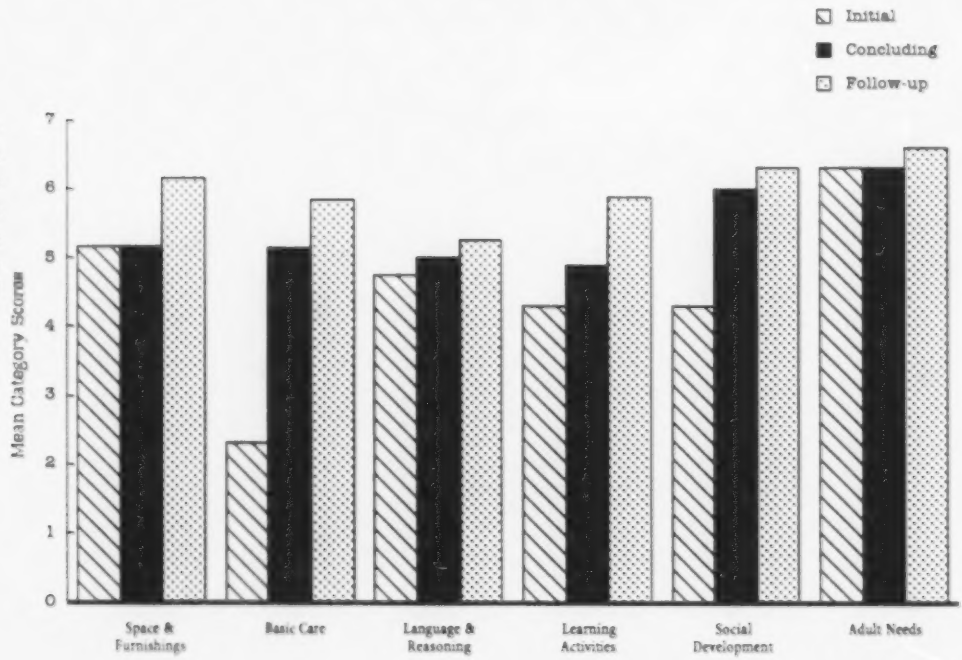
The site and participants

Margaret's Family Day Care Home provides services to young children from 7:30 A.M. to 5:30 P.M. Margaret opened her center just four months before participating in the on-site consultation process. Prior to opening her home day care, she had six years experience in child care working as a nanny. The consultant, Susan, was a doctoral student in early childhood special education who chose to participate in the on-site model as an independent study course to gain consultation skills. Susan knew Margaret, as Margaret occasionally had provided care for Susan's daughter. Both Susan and Margaret were enthusiastic about the consultation.

The process

Two weeks after Susan trained Margaret on the FDCRS, she and Margaret completed their initial observations. In the next few weeks they shared their scores and developed their technical assistance plan. Initial observation scores were relatively high overall; five of the six categories on the rating scale had average scores of 5 (good). The average score for Basic Care Routines, however, was 2.8. In addition, there were some items in several categories that received low scores. These items were addressed on the technical assistance plan. Some of the objectives on the technical assistance plan were to create a private

Figure 11. FDCRS Initial, Concluding & Follow-up Observation Scores (Margaret's Family Day Care Home)



space for children to play away from the group; to increase the number of child-related displays on the walls; to improve handwashing practices for children and provider; and to develop a system that would facilitate smooth transitions between activities. Susan and Margaret worked together over the next five months to implement the areas they identified for change.

Outcomes

Outcomes for the environment, consultees and consultant are discussed below.

The environment

Margaret and Susan created a wonderful space for children to play alone by placing some soft cushions in a corner of the room so that the area was protected from the other play areas. Margaret commented that the children used this space frequently and for a variety of activities —to read a book, listen to a tape, play quietly with a friend, or simply to rest. To help facilitate smoother transitions between activities, Margaret used signals such as songs and clean-up tasks for the children. Also, handwashing practices improved dramatically.

The one area identified for change on the technical assistance plan that did not change was child-related display. Susan and Margaret discussed this issue and Margaret continued to work on this item after the consultation ended. Six months after the consultation ended an Inclusion Partners staff member conducted a follow-up observation. Follow-up rating scale scores showed that improvements had been made in the area of child-related display and in other areas as well. On her own, Margaret continued to make changes. Her continued commitment to improve her family day care was exemplified in her written proposal to receive money from Smart Start, a statewide early childhood initiative, to improve the outdoor play area. Margaret received the money which allowed her to purchase a new swing set, a climbing structure, and adequate cushioning ground cover for the outdoor play area.

The consultee

Participating in the on-site consultation model heightened Margaret's awareness of her need for training in early childhood education. With Susan's encouragement, she enrolled in the local community college's early childhood Associate Degree program. Margaret completed the program on a part-time basis over the next three years. To help defray the costs of the program, she received some scholarship funds. She reported to Inclusion Partners staff :

> *I'm so pleased I had the chance to participate in the on-site model. I knew I liked children and felt I was providing good care, but with the environment training I realized I needed to be doing more. The on-site training led to my getting a degree. I now have a reason for offering the activities I do for the kids. Our time together now is better, for both me and the kids.*

In addition to receiving the associate degree, Margaret was a featured provider in a video used statewide to promote educational training for child care providers. Also, Margaret has recently met with a parent and her young child who has Down syndrome to discuss serving the child in the fall.

The consultant

As a licensed physical therapist who works with young children with disabilities in their homes and in their child care settings, Susan has the opportunity to see many early childhood centers. She has encouraged the staff at many of the centers where she serves children to receive additional training related to quality inclusive child care. In her words:

> *I'm out there drumming up a lot of business for you! There are so many centers that need assistance in providing quality child care. I'm so pleased that I had the opportunity to participate in the on-site consultation training for the benefit of children both with and without disabilities.*

Community College Early Childhood Faculty and Students—Training and Support

Community College Support Description

Community college early childhood faculty were yet another population that fit into the landscape for North Carolina's Comprehensive System of Personnel Development planning. These faculty members were being asked for the first time to deliver information on serving young children with disabilities and their families as they retrained practicing child care staff or delivered preservice training to future day care providers. Results of a 1991 survey of all early childhood community college faculty in North Carolina indicated the need for more information and training about children with disabilities as a top priority. Community college faculty requested assistance in developing student competencies related to developmental disabilities and inclusive service. They also requested assistance in identifying community child care programs that could serve as demonstration sites for their students' practicum experiences.

In the original grant proposal the recruitment of community college early childhood faculty was scheduled to begin in the third quarter of Year 1. However, project staff were encouraged by the Advisory Board at their first meeting in August 1993 to begin working on this important component of the grant. The first community college early childhood faculty meeting was held in November 1993. The purpose of this meeting was twofold: to share with the faculty the major goals and objectives of the Inclusion Partners Project; and to have the faculty share their ideas on how Inclusion Partners might be of assistance with their curriculum planning, teaching, or practicum placements related to inclusion. Nine community college early childhood faculty representing four colleges that serve approximately 12 counties attended the meeting. The meeting resulted in four recommendations for the Inclusion Partners Project. The recommendations and project activities that followed are discussed below.

Recommendation 1

The faculty shared with staff one activity they believed would have an enormous impact on inclusion training at the community college level. This was the need to revise the North Carolina Child Care Credential to include more in-depth information on children with special needs and their families.

Activity

Inclusion Partners co-principal investigators and the state's Day Care Council director developed and conducted a survey to obtain feedback on the credential from the 61 Child Care Credential instructors in the state. A draft survey was shared and piloted with the project's community college faculty. The survey was revised based on the pilot study and mailed in August 1994. Eighty-two percent of the surveys were returned. In September 1995, the project staff and community college faculty shared the survey results with the Day Care Council's representative responsible for revising the credential. The revised credential currently is being taught, and includes information related to children with disabilities and their families. Information concerning atypical child development and inclusion have been embedded in each of the core credential modules. Because of the large number of providers in the state who currently are working toward the Child Care Credential, the community college faculty felt that the addition of this information was an important and significant contribution to the state's child care training initiatives.

Recommendation 2

The faculty thought another way to provide information on children with disabilities at the community college level was to embed the information (e.g. modules from *Mainstreaming Young Children*) into the existing core early childhood courses.

Activity

Some members of the community college committee already were embedding information successfully on children with disabilities in the existing core early childhood classes. They shared information on how this was accomplished with other faculty members.

Recommendation 3

The faculty shared their desire to have specialists (i.e. occupational therapists, physical therapists, and speech/language pathologists) present to their early childhood students important information about the services they provide to young children with disabilities. However, they noted from their experiences that these individuals could benefit from effective presentation skills and techniques. They asked if special training could be given to these individuals.

Activity

Two university professors connected with the Frank Porter Graham Child Development Center wrote a federal inservice training grant designed to train therapists. Unfortunately, this proposal was not funded. Inclusion Partners co-principal investigators continued to pursue this idea with colleagues at the Frank Porter Graham Child Development Center (FPG). However, no committed interest developed.

Recommendation 4

The faculty shared their enthusiasm for and success in using the *Mainstreaming Young Children* curriculum. They asked if project staff could develop a second level curriculum.

Activity

Unfortunately, the work involved in writing a *Mainstreaming Curriculum - Level 2* was beyond the scope of the Inclusion Partners Project. However, one of the project's community college faculty members volunteered to go through and collect additional handouts and activities from mainstreaming curricula produced by other projects across the country. Also, this individual in collaboration with the MYC's author outlined proposed modules for the *Mainstreaming Curriculum - Level 2* (these modules were attached to the Year 2 Continuation Proposal). Inclusion Partners Project co-principal investigators wrote a proposal to receive state funding to support the writing of this curriculum, but were unsuccessful.

The Role of Project Staff

Early childhood community college faculty connected with the project taught the *Mainstreaming Young Children* curriculum in their classes or embedded the information from the curriculum in existing core early childhood courses. Inclusion Partners project staff supported the faculty in these training efforts by loaning them videos and other resource materials. Also, the faculty were given the names of parents who had children with disabilities who could serve as a resource in sharing their families' experience to early childhood students. In addition, project staff provided rating scale training to early childhood students as requested by the faculty. Approximately 60 students received this training.

Project Outcomes

Sixteen of the 25 child care sites participating in the on-site model were available as practicum placements for community college early childhood students. One of the participating sites actually was housed on the campus of a community college. All students in the early childhood track at this college spent time in this program.

Professionals and paraprofessionals who were involved in training through the community college system received credit toward an Early Childhood Associate degree or day care credits. Other individuals were working toward North Carolina's Child Care Credential. The community college faculty were involved in teaching the classes necessary for acquiring this credential.

The Inclusion Partners Project distributed a copy of the *Mainstreaming Young Children* curriculum to every community college early childhood department in the state. Another significant impact already mentioned was the important role community college faculty and project staff had in the revision of the Child Care Credential to include information on children with disabilities and their families.

Additional State Training Activities

As a result of the Inclusion Partners Project many additional training activities occurred across the state. The major activities that can be directly related to the project are discussed below.

State Funded On-Site Consultation Training

As described in the original proposal, the Inclusion Partners Project was written in collaboration with North Carolina's Part H Director and CSPD Coordinator. An unanticipated outcome resulting from this collaboration was the goal to implement the on-site model component described in the grant to a smaller degree with state funding. The state did not have money budgeted for follow-up support to the consultants, evaluation, or community college participation. However, a state funded project, Partnerships for Inclusion received Part H funds to provide the intensive 2-day on-site training that was developed when writing the federal grant proposal. The North Carolina Inservice Training Calendar for 1993–94 included four on-site consultation model training events which resulted in an additional 76 early childhood professionals trained in the model. Co-Principal Investigator, Pat Wesley in her role as Director of Partnerships for Inclusion, was involved in all state funded trainings.

In Year 2, three training events were scheduled by the North Carolina Part H Lead Agency. The Partnerships for Inclusion staff trained seventy professionals, including 33 early interventionists and 22 resource and referral agency staff. Also, in Year 2, Partnerships for Inclusion was contracted by the Department of Public Instruction Part B-619 Lead Agency to conduct six training events for Preschool Handicapped directors and teachers. Ninety preschool directors and teachers received training. This contract was the result of the state director of the preschool handicapped programs attending the federal grant's Year 1 training event to learn about the model. In the following years, Partnerships for Inclusion staff, with the assistance of Inclusion Partners staff, provided on-site consultation model training across the state. Ninety-two out of the 100 counties in the state now have an early childhood professional in their community who has received on-site model training. A map of North Carolina depicting the statewide impact of the on-site model is found in Figure 12.

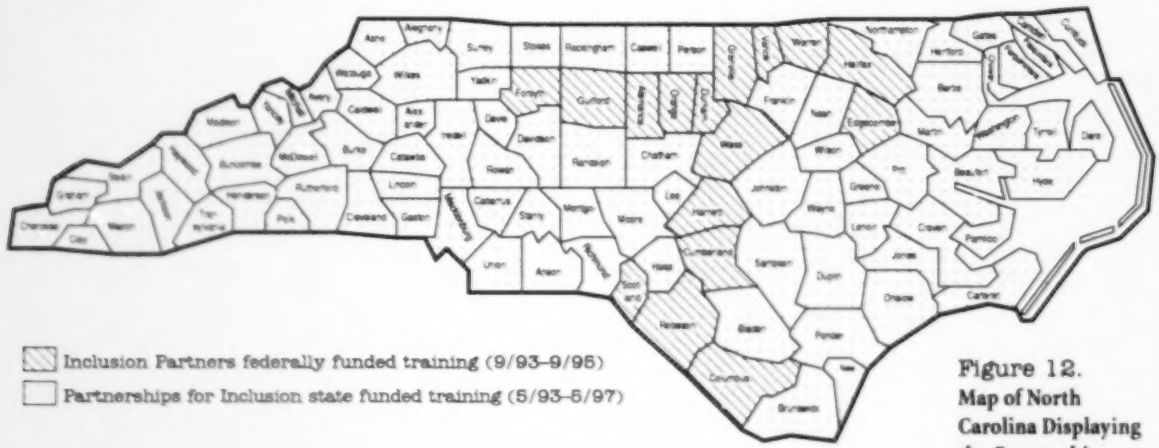


Figure 12. **Map of North Carolina Displaying the Geographic Distribution of Federal & State On-site Model Training**

In each subsequent year, training participants came from a wider variety of training and professional backgrounds. For example, early childhood community college and university faculty participated in training in Year 3. Also, North Carolina's Child Care Licensing Consultants began to see changes in the centers they

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served. When informed of the on-site model they were eager to enroll in future trainings. To date, 25 Child Care Licensing Consultants have received training. In October of 1993, North Carolina's Governor initiated Smart Start, a statewide early childhood initiative that committed dollars to communities to improve the services young children and their families receive. Many counties have requested Smart Start funding to adopt the on-site model as part of their Quality Enhancement Program. Previously trained professionals have been instrumental in initiating these activities. An additional 17 professionals hired to implement the model through Smart Start dollars have received training in the on-site model. A summary of all state funded training to date, which includes a count of participants by job function, can be found in Table 2.

Table 2. On-site Consultation Training— May 1993–May 1997 (Training provided through state grant)

	Early Interventionist (Part H Agency)	Resource and Referral Agency	Developmental Day Center	Child Care Center	Head Start and Smart Start Personnel	Department of Public Instruction	Others	Total Number of Trainees
Year 1 (5 trainings)	51		8	12	Head Start 2	1	2	76
Year 2 (9 trainings)	33	22	4	2	Head Start 1	90	8	160
Year 3 (6 trainings)	22	5	7	5	Smart Start 6	13	31	89
11/96–5/97 (6 trainings)	20	16	7	9	Head Start-6 Smart Start-11	17	12	98
Total Number of Participants	126	43	26	28	26	121	53	423

Partnerships for Inclusion sponsors quarterly regional consultant support groups for all consultants who are using the model, including those trained through the federal grant. These groups are facilitated by Partnerships for Inclusion's three regional Inclusion Specialists. As mentioned earlier, state funding for the on-site model did not include money for evaluation activities. However, data gathered informally at the regional support group meetings indicate that the number of participants and the impact the on-site model is having in community child care centers is high.

On-Site Consultation in Developmental Day Programs

Inclusion Partners co-principal investigators proposed and received funding from the Part H Director to implement the model in Developmental Day Centers that were enrolling typically developing children. Three centers, one in each of the 3 regions of the state (mountain, central, and coastal) were selected to participate. Evaluation data from these sites will be collected in the coming months.

Environment Rating Scale Training

Inclusion Partners Project Training Specialist, Farley Bernholz, wrote and received a North Carolina Inservice Training grant in collaboration with Chapel Hill Training Outreach. A teleconference was held at community colleges across the state on November 14, 1994 and again on March 6, 1995. This project provided training to approximately 300 child care directors and providers in administering the *Early Childhood Environment Rating Scale*. Twelve community-based professionals trained in the on-site model served as facilitators at the six teleconference sites for both training events.

Consultants have requested project staff to provide environment rating scale training at day care provider training conferences. An additional 100 providers have received training in scoring and using the scales as a self-assessment tool. Also, as previously mentioned, project staff provided environment scale training to early childhood community college students.

Logistical Difficulties and Departures From Original Plans

For the most part, the Inclusion Partners Project followed the goals, objectives and planned activities as stated in the original proposal. A few changes were made, however, and are discussed below.

On-site Consultation Model Training

The grant originally proposed training three early interventionists and three resource and referral agency staff each year of the project. The early interventionists were expected to implement the on-site model in three sites. During recruitment it was immediately evident that the time required in implementing the model in just one site was all that would be possible, given the early interventionists' other primary job responsibilities. The grant proposed having the resource and referral agency staff attend training in order to be informed of the model that was occurring in their communities, but they were not expected to implement the model. However, after learning about the model the resource and referral agency staff wanted the opportunity to implement the model with a site.

Also, given the amount of turnover that occurs in child care centers, it was decided to recruit an additional six to nine professionals each year for training to ensure that an adequate number of participating sites would complete the model. Therefore, each year 12 to 14 individuals attended training, instead of the six individuals originally proposed. During the 3-year funding period a total of 40 professionals were trained. Fortunately, attrition was considered when recruiting training participants, as only 25 consultants were successful in completing the model, start to finish. As already discussed, several consultants who began the process were unsuccessful in completing it. The reasons reported for this included not enough time allotted to them from their jobs to devote to consultation, a change of employment, or personal crisis in their family or in the family of a provider. Four participating centers closed during the implementation process.

Community College Support

The grant proposed that support would be given to community college faculty in their curriculum planning, teaching, or practicum placements related to inclusion. At a meeting early in the first year of the grant the faculty committee requested assistance in having the North Carolina Child Care Credential revised to include information on children with disabilities and their families. A project of this magnitude was beyond the scope of the project. However, project staff did agree to conduct a survey to gather information that would be shared with the Division of Child Development. A survey was conducted by project staff, and the results shared with the individual hired by the Division to undertake the revision.

Mainstreaming Young Children Curriculum

The Inclusion Partners' grant originally proposed that *Mainstreaming Young Children*, a previously developed curriculum for community college early childhood faculty be published through a commercial publisher. Efforts to publish this training material, however, were never pursued. Author, Pat Wesley, wanted to revise the text in order to incorporate new terminology before seeking commercial publishing and time did not allow for this to occur. The curriculum was displayed at national meetings and continues to be available nationwide through the Frank Porter Graham Child Development Center Publications and Dissemination Office. Since 1993, 89 instructors books and 750 student handbooks have been purchased.

On-site Consultation Manual for Consultants

The grant originally proposed a manual for consultants describing the on-site consultation model be developed and disseminated nationally. The manual was written. Project staff, however, thought it was important that individuals receiving the manual should have participated in the intensive 2-day on-site training. The manual, therefore, was disseminated only to professionals in North Carolina who had received the training. The manual will be on display at the 1997 Division of Early Childhood Conference. If professionals from outside the state receive training in the future they will receive a manual.

Project Impact

Inclusion Partners—in collaboration with the Department of Human Resources—established an inservice training model that identified and merged federal, state and community level training initiatives to improve the quality of early childhood environments in North Carolina. By providing technical assistance to consultants, child care providers, and early childhood community college faculty in their work environment, the project has been a vehicle to deliver ongoing training that is responsive to the individual needs of participants and programs.

Research-Guided Inservice Training Model

Unlike many models of training and/or consultation related to inclusion that focus specifically on the individual child with disabilities, the on-site consultation model developed and implemented by the Inclusion Partners Project emphasized the establishment of sound early childhood practices as the foundation for providing quality inclusive child care settings. This basic premise was based on a substantial amount of research. The first body of literature relates to the benefits of inclusion, indicating that the social and behavioral outcomes for children with disabilities are correlated positively to the quality of the child care environment they attend. These findings are consistent with research conducted with typically developing children. However, a recent large scale study (Cost, Quality, and Child Outcomes Study Team, 1995) found that the quality of care in most community child care centers across the United States is poor to mediocre. This information presented the critical need for raising standards in early childhood settings to benefit ALL children.

Additionally, the on-site model employed a systemic approach to personnel training. Based on a review of the change literature and her own work, Winton (1990) suggests the following four propositions which guided the development of the on-site model.

- It is difficult for individuals to develop new roles or behaviors unless social organizations are trained together so that individuals within the organization develop a shared knowledge base.
- Professionals often try to rationalize how their services are already compatible with the desired changes before they make any effort to change. They must recognize the gap between what they are currently doing and what is being recommended before they move in the recommended directions.
- Change is a gradual process that is best facilitated by ongoing staff development activities.
- The ultimate challenge for change agents is how to empower trainees to become independent and competent problem-solvers, capable of assessing and monitoring their own training needs.

Evaluation of the On-site Model

Evaluation data collected over the 3-year grant period indicate the Inclusion Partners Project was an effective training model that improved the quality of child care environments. Consistent with national data from the 1995 *Cost, Quality, and Child Outcomes in Child Care Centers* study, initial assessments of several participating on-site early childhood programs indicated global quality was poor to mediocre on a 7-point scale. Following the delivery of technical assistance services using the intensive on-site consultation model, scores on the environment rating scales approached or fell within the good rating. This finding confirms the effectiveness of training that is systemic in nature. By providing on-site follow-up related to consultees' identified needs, changes were made in program quality that were measurable and lasting.

Consultants reported high satisfaction with the on-site model training they received as measured by a participant satisfaction form completed following training. After implementing the model with a site, these early childhood professionals describe having an increased awareness about the process of change and its importance in the early childhood field. These professionals have extended their

understanding and use of the scales as an evaluation tool by using them as a foundation for a collaborative consultation process to promote and support lasting quality improvements in early childhood environments.

Consultees were highly satisfied with the on-site model as measured by an evaluation of consultation form they completed at the conclusion of consultation. In open-ended comments, consultees also reported a heightened knowledge and appreciation of the change process. Participating in the on-site model made consultees aware of their own strengths in improving the quality of care they provide to young children. Once formal consultation ended, many consultees were empowered to continue to use the scales and the on-site model process independently to make further improvements in their early childhood environments.

Replication of the On-site Model

The success of the Inclusion Partners' model inservice training grant is evident by the model's replication and continuation without federal funding. Impetus for the Inclusion Partners Project came from an earlier project at the Frank Porter Graham Child Development Center which employed University-based staff to serve as consultants. By employing a "train-the-trainer" approach, it was anticipated that trained community-based consultants would be successful in training and working collaboratively with child care staff to improve the quality of child care environments. As already discussed, they were successful. It also was expected that a "train-the trainer" approach would strengthen the model, as community-based consultants continued to use their new knowledge and skills with additional child care center staff in their communities once federal funded support ended. Inclusion Partners crossed traditional service boundaries to reach diverse audiences from private to public child care centers, to developmental day centers and public school pre-schools, to community college faculty training future child care employees, to state and community leaders who are responsible for making child and family policy decisions in our state. Currently, the political climate in North Carolina is receptive to efforts addressing the child care and educational needs of young children. On-site consultation has been well received as a model for improving the quality of care in preschools, child care centers, and family child care homes across the state. North Carolina is now seeing collaboration across agencies and disciplines throughout the state as resource and referral agency staff, early interventionists, community college faculty, and child care providers, collaborate to apply for Smart Start funds to implement the on-site model in their communities. There are documented reports across the state that trained consultants are using the model for quality enhancement projects in their counties.

Community College Support

The presence of Inclusion Partners in the community college system was important for several reasons. Most critical, perhaps, is the direct impact the training will have on the child care system in North Carolina. The community college system is now preparing early childhood students and child care providers to work with children with disabilities in inclusive settings. During the first two years of the project, Community College personnel taught the *Mainstreaming Young Children Curriculum* to impart knowledge to a small number of students. By the end of the 3-year funding period information on children with disabilities and their families had been added to the North Carolina Child Care Credential. This addition serves to impact a much greater number of child care providers in the state. Also, over the 3-year funding period, many individuals gained an experiential component to add to their knowledge base by participating in the on-site model.

ECERS Revision

An unanticipated activity that resulted from the Inclusion Partners Project was project staff being asked to participate on a committee formed to revise the Early Childhood Environment Rating Scale. The revision of the scale which is expected to be available in November of 1997 now includes the needs of children with disabilities in all of the scales' items. Given the national reputation and use of the scales' the project staff feels this inclusion will serve to raise awareness nationally on issues related to providing quality care and education to young children with disabilities.

Future Activities

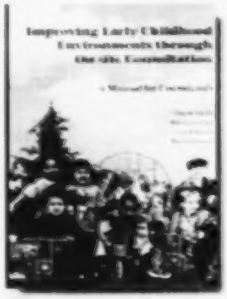
The state of North Carolina remains committed to improving the quality of child care and education provided to young children, both with and without disabilities. Partnerships for Inclusion, will continue to receive state funding to offer three on-site consultation training events per year, one in each of the three regions of the state. This project also will continue to hold quarterly consultant support meetings in each of the three regions of the state. These meetings are an important part of training follow-up. They serve to facilitate change by providing ongoing support to consultants' quality improvement efforts. Meeting on a regular basis provides consultants the opportunity to share their challenges and successes with implementing the model. These group exchanges also provide the occasion to plan together as new issues and concerns emerge.

There is now interest in the on-site model from other states. Co-Principal Investigator, Pat Wesley, presented the on-site model of consultation at a Summer Institute on Early Childhood Education and Special Education in Kansas in June, 1997. Two presentations on the model will be delivered in the fall of 1997 at the annual Division of Early Childhood conference. Funding to provide training nationally may be pursued in the future if conference participants and other early childhood professionals show an interest in receiving training.

Dissemination Activities

Products

A manual for consultants describing the on-site model was disseminated to all consultants trained in the model over the 3-year funding period. The manual will be displayed at both a statewide and national early childhood conference in the fall of 1997.



Palsha, S., Wesley, P., Fenson, C., & Dennis, B. (1997). *Improving the quality of early childhood environments through on-site consultation: A manual for consultants.* Frank Porter Graham Child Development Center, The University of North Carolina at Chapel Hill.

A resource booklet on diversity was developed and disseminated to all consultants who completed on-site training. This booklet is available nationwide through the Frank Porter Graham Child Development Center Publications and Dissemination Office.

Fenson, C., Dennis, B., & Palsha, S. (1997). *¡Hola means hello!: Resources and ideas for promoting diversity in early childhood settings.* Frank Porter Graham Child Development Center, The University of North Carolina at Chapel Hill.

Publications

An article was written for the Frank Porter Graham Child Development Center Newsletter.

Palsha, S., & Wesley, P. (February, 1995). FPG project promotes quality inclusive child care. *Frankly Speaking, 4*(2), 1–7.

Co-principal Investigator, Pat Wesley authored or co-authored four articles published in refereed journals. These articles addressed consultation, inclusion or the on-site model of consultation.

Buysse, V., Wesley, P., Keyes, L., & Bailey, D. (1996). Assessing the comfort zone of child care teachers in serving young children with disabilities. *Journal of Early Intervention, 20*(3), 189–203.

Buysse, V., & Wesley, P. (1993). The identity crisis in early childhood special education: A call for professional role clarification. *Topics in Early Childhood Special Education, 13*(4), 418–429.

Wesley, P. (1994). Providing on-site consultation to promote quality in integrated child care programs. *Journal of Early Intervention, 18*(4), 410–421.

Wesley, P., & Buysse, V. (1996). Supporting early childhood inclusion: Lessons learned through a statewide technical assistance project. *Topics in Early Childhood Special Education, 16*(4), 476–499.

Presentations

Inclusion Partners' staff conducted 74 presentations related to the project. Of these presentations, seven were at national training events or conferences. Two future presentations are scheduled at the Annual International Division of Early Childhood Conference in the fall of 1997. Two presentations at the North Carolina-Association for Young Children state conference were conducted, and one additional presentation has been accepted and scheduled for the fall 1997 annual meeting. A list of all presentations to date include the following.

Year 3 No-cost extension period—September 1996–June 1997

Wesley, P., & Buysse, V. (June 17–18, 1997). *Consultation as a key to program quality.* Summer Institute, University of Kansas, Manhattan, KS.

Dennis, B., & Favrot, K. (June 9-10, 1997). *Improving the quality of early childhood environments: The on-site model of consultation.* Winston-Salem, NC.

Wesley, P. & Dennis, B. (June 4, 1997). *Using the rating scales to promote quality inclusion.* Institute on Early Care and Education, Chapel Hill, NC.

Fenson, C. (June 3–4, 1997). *Early Childhood Environment Rating Scale on-site observation training.* Institute on Early Care and Education, Chapel Hill, NC.

Wesley, P., Dennis, B., Favrot, K., & Steele, S. (May 7-8, 1997). *Improving the quality of early childhood environments: The on-site model of consultation.* 2-day training event for NC early childhood professionals, Fort Caswell, NC.

Wesley, P. (May 28, 1997). *On-site consultation to promote program quality.* Training for graduate students in the Early Intervention and Family Support Master's Program. University of North Carolina at Chapel Hill, Chapel Hill, NC.

Palsha, S. (April 11, 1997). *An education for all children.* The Global Community of Children and Families, Eighteenth Annual Child and Family Development Conference, Charlotte, NC.

Wesley, P., Dennis, B., Favrot, K., Steele, S., & Fenson, C. (March 18–19, 1997). *Improving the quality of early childhood environments: The on-site model of consultation.* 2-day training event for NC early childhood professionals, Black Mountain, NC.

Fenson, C. (March 8, 1997). *Assessing quality with the environment rating scales.* Training for child care providers participating in a Smart Start quality improvement, support, and training project, Durham, NC.

Palsha, S., & Dennis, B. (March 1, 1997). *Assessing quality with the Family Day Care Rating Scale.* Training workshop for family day care providers, Harnett County Resource and Referral Agency, Lillington, NC.

Palsha, S. (December 10, 1996). *Improving the quality of early childhood environments through on-site consultation.* Poster presentation at the 12th Annual International Division of Early Childhood Conference, Phoenix, AZ.

Fenson, C. (December 7, 1996). *Assessing quality with the environment rating scales.* Training for child care providers participating in a Smart Start quality improvement, support, and training project, Durham, NC.

Wesley, P., Dennis, B., Favrot, K., Steele, S., & Fenson, C. (November 13–14, 1996). *Improving the quality of early childhood environments: The on-site model of consultation.* 2-day training event for NC early childhood professionals, Chapel Hill, NC.

Fenson, C. (October 26, 1996). *Assessing quality with the environment rating scales.* Training for child care providers participating in a Smart Start quality improvement, support, and training project, Durham, NC.

Fenson, C. & Dennis, B. (October 14, 1996). *Quality environments for infants and toddlers and Infant/Toddler Environment Rating Scale training.* Carolina Central Community College, Pittsboro, NC.

Palsha, S., Fenson, C., Spragins, B. & Fields, J. (September 21, 1996). *Making changes happen: On-site consultation.* North Carolina Association for the Education of Young Children, Annual Conference, Greensboro, NC.

Palsha, S. & Dennis, B. (September 14, 1996). *Improving environments for children and their caregivers.* Training workshop for child care providers, 2nd Annual Harnett County Child Care Conference, Buise Creek, NC.

Year 3—September 1995–August 1996

Wesley, P. (June 26, 1996). *Inclusive early childhood environments.* Institute on Early Care and Education, Chapel Hill, NC.

Palsha, S. & Fenson, C. (June 25-26, 1996). *Early childhood environment rating scale training.* On-site observation training, Institute on Early Care and Education, Chapel Hill, NC.

Wesley, P., Dennis, B., Steele, S., & Favrot, K. (June 19-20, 1996). *Improving the quality of early childhood environments: The on-site model of consultation.* 2-day training event for NC early childhood professionals, Lake Junaluska, NC.

Wesley, P. (May 28, 1996). *On-site consultation to promote program quality.* Training for graduate students in the Early Intervention and Family Support Master's Program. University of North Carolina at Chapel Hill, Chapel Hill, NC.

Wesley, P., (April 25, 1996). *Preschool environments.* Statewide Department of Public Instruction Exceptional Children's Coordinators Conference, Greensboro, NC.

Hoffman, P. & Fenson, C. (March 30, 1996). *Inclusive early childhood environments: Barriers, benefits, and strategies that work.* Child Care Early Education Institute, Durham, NC.

Wesley, P., Favrot, K., Steele, S., & Fenson, C. (March 13-14, 1996). *Improving the quality of early childhood environments: The on-site model of consultation.* 2-day training event for NC early childhood professionals, Atlantic Beach, NC.

Dennis, B. & Fenson, C. (January 31, 1996). *Quality indicators in early childhood settings and early childhood environment rating scale training for child care providers.* Central Carolina Community College, Siler City, NC.

Dennis, B. & Fenson, C. (January 27, 1996). *Positive outcomes for all children.* A Day for Day Care, Chapel Hill, NC.

Favrot, K. (January 24-25, 1996). *Improving the quality of early childhood programs.* Shelby, NC.

Wesley, P., Favrot, K., Steele, S., & Fenson, C. (January 17-18, 1996). *Improving the quality of early childhood environments: The on-site model of consultation.* 2-day training event for NC early childhood professionals, Southern Pines, NC.

Palsha, S. & Wesley, P. (December 12, 1995). *Inclusion partners: A support training model.* Poster presentation at the NEC•TAS EEPCD Meeting, Washington, DC.

Favrot, K. & Sloop, S. (November 15, 1995). *Using the ECERS/ITERS to improve quality in early childhood environments.* Lexington, NC.

Dennis, B (November 18, 1995). *Supporting inclusion through developmentally appropriate practice.* Day for Day Care Services and Orange County Department of Social Services, Chapel Hill, NC.

Fenson, C. & Dennis, B. (November 10, 1995). *Quality environments for infants and toddlers.* Carolina Central Community College, Pittsboro, NC.

Dennis, B. & Fenson, C. (November 3, 1995). *Inclusion partners: A support training model.* Poster presentation at the 11th Annual International Division of Early Childhood Conference, Orlando, FL.

Dennis, B. & Fenson, C. (September 30, 1995). *Positive outcomes for all children.* North Carolina Association for the Education of Young Children, Annual Conference, Greensboro, NC.

Wesley, P., Dennis, B., & Bernholz, F. (September 7–8, 1995). *Improving the quality of early childhood environments: The on-site model of consultation.* 2-day training event for NC early childhood professionals, Chapel Hill, NC.

Year 2—September 1994–August 1995

Favrot, K. (August 22–23, 1995). *Improving the quality of early childhood environments: The on-site model of consultation.* 2-day training event for Resource and Referral Agency, Charlotte, NC.

Bernholz, F. & Favrot, K. (May 17–18, 1995). *Improving the quality of early childhood environments: The on-site model of consultation.* 2-day training event for NC early childhood professionals, Hendersonville, NC.

Bernholz, F. & Sloop, S. (May 11–12, 1995). *Improving the quality of early childhood environments: The on-site model of consultation.* 2- day training event for NC early childhood professionals, Chapel Hill, NC.

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Bernholz, F., Favrot, K., Steele, S., & Sloop, S. (April 26–27, 1995). *Improving the quality of early childhood environments: The on-site model of consultation.* 2-day training event for NC early childhood professionals, Morganton, NC.

Bernholz, F. & Sloop, S. (April 6, 1995). *Introduction to the Early Childhood Environment Rating Scale.* Salter Path, NC.

Bernholz, F. & Dennis, B. (March 18, 1995). *Realistic inclusion: serving children with and without disabilities together.* 20TH Anniversary Child Care and Early Education Institute, Durham, NC.

Bernholz, F., Sloop, S., & Favrot, K. (March 7-8, 1995). *On-site consultation to promote quality in child care.* 2-day training event for NC early childhood professionals. Monroe, NC.

Dennis, B. & Springs, B. (March 6, 1995). *Environment rating scale training.* Site facilitators for statewide teleconference attended by child care directors and providers, Durham, NC.

Bernholz, F., Dennis, B., Steele, S., & Sloop, S. (February 9–10, 1995). *On-site consultation to promote quality in child care.* 2-day training event for early childhood professionals, Salter Path, NC.

Wesley, P. & Sloop, S. (February 3, 1995). *Introduction to the Early Childhood Environment Rating Scale.* Chapel Hill, NC.

Bernholz, F. (February 1, 1995). *Early intervention and inclusion.* Chapel Hill, NC.

Palsha, S. & Dennis, B. (January 26, 1995). *Enhancing the quality in early childhood environments.* Training workshop for child care providers, Harnett County, NC.

Dennis, B., Springs, B., & Coates, L. (January 23, 1995). *Environment rating scale training.* Follow-up training for community child care directors and providers, Durham, NC.

Wesley, P. (January 9, 1995). *On-site consultation to promote quality in child care.* Southeastern Institute for Faculty Training, Amelia Island, FL.

Palsha, S. & Wesley, P. (December 12, 1994). *Inclusion partners: A support training model.* Poster presentation at the National Early Childhood Technical Assistance Systems (NEC*TAS) Meeting, Washington, DC.

Graham, L. & Dennis, B. (December 2, 1994). *Evaluation of inclusion center-based services for infants and toddlers with special needs.* National Association for the Education of Young Children Annual Conference, Atlanta, GA.

Wesley, P. Bernholz, F. & Sloop, S. (November 21–22, 1994). *On-site consultation to promote quality in child care.* 2-day training event for the Department of Public Instruction, Raleigh, NC.

Bernholz, F., Dennis, B., Sloop, S., Favrot, K., & Steele, S. (November 17, 1994). *Early childhood environment rating scale satellite training.* Six Locations—Charlotte, NC, Fayetteville, NC, Durham, NC, Morganton, NC, Sylva, NC and Winston-Salem, NC.

Wesley, P. & Cryer, D. (November 17, 1994). *Designing appropriate preschool environments.* Department of Public Instruction Exceptional Children's Conference, Winston-Salem, NC.

Dennis, B., Springs, B., & Coates, L. (November 14, 1994). *Environment rating scale training.* Training session for community child care directors and providers, Durham, NC.

Steele, S., Favrot, K., & Sloop, S. (November 9–10, 1994). *On-site consultation to promote quality in child care.* 2-day training event for the Department of Public Instruction, Williamston, NC.

Wesley, P. & Bernholz, F. (November 3–4, 1994). *On-site consultation to promote quality in child care.* 2-day training event for the Department of Public Instruction, Jacksonville, NC.

Palsha, S. & Shepherd, D. (October 12, 1994). *Inclusion partners: A support training model.* Presentation to student in Early Intervention and Family Support Master's Degree Program, Chapel Hill, NC.

Palsha, S., Wesley, P., & Dennis, B. (October 7, 1994). *Inclusion partners: A support training model.* Presentation at the 10TH Annual International Division of Early Childhood Conference, St. Louis, MO.

Simeonsson, R., Halpern, S., Palsha, S., & Leskinen, M. (October 7, 1994). *International perspectives on early childhood intervention.* Presentation at the 10th Annual International Division of Early Childhood Conference, St. Louis, MO.

Wesley, P. (September 29–30, 1994). *The real world of systems change: Strategic planning preparation of early intervention personnel.* San Juan, Puerto Rico.

Wesley, P., Palsha, S., Steele, S., & Bernholz, F. (September 14–15, 1994). *On-site model of consultation.* 2-day training event for Resource and Referral, Mental Health and Public School personnel, Chapel Hill, NC.

Year 1—September 1993–August 1994

Wesley, P., Sloop, S., & Steele, S. (August 5, 1994). *Inclusive early childhood environments.* Early Childhood Institute—Department of Public Instruction, Goldsboro, NC.

Wesley, P. (June 22, 1994). *Environment rating scale training.* Birth to Kindergarten conversion course, Greenville, NC.

Wesley, P. & Hanft, B. (May 24, 1994). *Consultation as a collaborative process.* Southeastern Institute for Faculty Training, Flat Rock, NC.

Favrot, K. (May 10, 1994). *On-site consultation to promote quality in child care.* Lenoir, NC.

Wesley, P. & Rolandelli, P. (March 17–18, 1994). *On-site consultation to promote quality in child care.* 2-day training event for Resource and Referral, Mental Health and Public School personnel, Hickory, NC.

Wesley, P., Steele, S., & Rolandelli, P. (February 24–25, 1994). *On-site consultation to promote quality in child care.* Two-day training event for Resource and Referral, Mental Health and Public School personnel, Salter Path, NC.

Palsha, S. & Wesley, P. (January 23, 1994). *Inclusion partners: A support training model.* Poster presentation at the NEC*TAS Combined Meetings, Arlington, VA.

Bernholz, F. & Sloop, S. (December 8, 1993). *Becoming partners for inclusion.* Southern Pines, NC.

Palsha, S. (October 30, 1993). *Partnerships for inclusion.* Poster presentation at the Annual Conference of North Carolina Family Home Day Care Providers, Chapel Hill, NC.

Palsha, S. (September 15–16, 1993). *Inclusion partners project.* Presentation to Mental Health Outreach Specialists, Chapel Hill, NC.

Wesley, P., Cryer, D., & Palsha, S. (September 9–10, 1993). *On-site model of consultation.* 2-day training for Resource and Referral, Mental Health and Public School personnel, Chapel Hill, NC.

Buysse, V. & Wesley, P. (September 1, 1993). *Collaborative consultation: Forming partnerships to support preschool inclusion.* Mt. Iliamna Preschool, Anchorage, AL.

Assurance Statement

A copy of this full final report has been sent to the ERIC Clearinghouse on Handicapped and Gifted Children. In addition a copy of the title page and abstract have been sent to the following organizations:

NEC•TAS
National Clearinghouse for Professions in Special Education (CEC)
National Information Center for Children and Youth with Disabilities (NICHCY)
Technical Assistance for Parent Programs Project (TAPP)
National Diffusion Network
Child and Adolescent Service System Program (CASSP)
Northeast Regional Resource Center
Midsouth Regional Resource Center
South Atlantic Regional Resource Center
Mountain Plains Regional Resource Center
Western Regional Resource Center
Federal Resource Regional Center